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Programs for the Handicapped

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HIGHLIGHTS

Head Injury: The Problem, the Need

**Employment for the Mentally Restored:
Help Is Getting Underway**

**Deinstitutionalization of the Retarded:
Trends in Public Policy**

**Education of the Handicapped Act:
Review of Regulations of Part B**

Third White House Conference on Aging

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Each year, 400,000 to 600,000 persons suffer severe traumatic head injury. Each year, 100,000 of these people die, and between 30,000 and 50,000 others are left with disabilities severe enough to preclude a return to a normal life. Most persons disabled by head injury are under the age of 30; sports, motorcycle, and automobile accidents are the main culprits. In addition, of all the persons suffering head injury between 1970 and 1974, 926,000 still require medical treatment.

The estimated annual cost of medical and rehabilitative treatment for persons with head injury has been estimated to be over four billion dollars, which does not include the loss of income incurred by persons with this condition.

These sobering statistics appeared in the November 1980 supplement to the *Journal of Neurosurgery*, which reports on the results of the 1974 "National Head and Spinal Cord Injury Survey" sponsored by the National Institutes of Health. They make obvious the need for information about the nature of head injury and available services for patients and their families. This need for information is made more urgent by the very nature of head injury, which can produce complex and far-reaching effects on little-understood areas of the brain.

Severe traumatic head injury occurs when there is either direct damage to the brain (e.g., caused by gunshot wounds or bone fragments), through severe concussion, which may cause brain swelling, bruising, or damage through an increase in intracranial fluid pressure.

However, medical evaluation of brain damage at the site of an injury is only a small part of forming a diagnosis and predicting a patient's total outcome. This is due to the fact that in many cases, an impact to the head severe enough to cause brain injury will cause the brain to rebound within the skull wall, leading to damage far from the initial injury location. This effect contrasts with the greater predictability of many other diseases of the brain, such as stroke and brain tumor, which are limited to local areas. Since it is generally known that specific areas of the brain control various intellectual and physical functions, each traumatic head injury can therefore be expected to produce a unique set of resulting brain injuries and problems.

Temporary or permanent disability may occur in varying degrees and combinations in functional areas such as the following: ability to concentrate, memory, learning, abstract thinking, psychosocial adjustment, oral and

Because of the complex nature of brain injury, many-faceted and individualized rehabilitation programs are offered by centers serving this population.

With the sheer volume of head-trauma related disabilities, and the variety and complexity of resulting conditions, it is striking that efforts to initiate a national information network were not successful until 1980. At that time, the National Head Injury Foundation was organized by family members and treatment professionals. Staffed by dedicated volunteers, the Foundation seeks to advocate for the needs of the head-injured person, and refers patients and their families to local programs and services. It also provides training to leaders of family emotional support groups, which are continually being formed locally throughout the country.

Using its quarterly newsletter as a forum for disseminating information, the Foundation provides updated state by state listings of support groups for head injured persons throughout the country. Regular columns include descriptions of rehabilitation and acute trauma facilities, announcements of head injury conferences, reviews of books and articles, and an "Ask the Experts" column.

Foundation staff, working in conjunction with personnel at the Tufts-New England Medical Center, are presently compiling a comprehensive directory of treatment services and family groups throughout the United States.

Guidelines to assist in the formation of local Foundation chapters are available. Contact: National Head Injury Foundation, 280 Singletary Lane, Framingham, MA 01701, (617) 879-7473.

The first international conference on this subject was held in 1980 in Toronto, Ontario. Sponsored by the Continuing Education Division of Centennial College, in cooperation with the University of Toronto's Faculty of Medicine and the Ashby House Residence and Rehabilitation Center, the conference, which had as its theme, "Meeting the Challenge: Rehabilitation of the Traumatic Brain Injured Adult," sought to update the information available to professionals involved in the rehabilitation and care of head injured patients.

Conference sessions covered such subjects as recent advances in the management of acute brain injury, the assessment of disability following severe head trauma, and strategies for intervention with the families of head

tion distributes a 1980 publication, *Head Injury*, one of its 32 information packets on various disabilities. The price of this 50 page booklet is \$2 for members and \$3.50 for nonmembers. It is a compilation of bibliographies for rehabilitation professionals on a number of topics, including perceptual deficits, language rehabilitation, spasticity, and long-term management, language rehabilitation, and diagnostic testing. Listings of individual and institutional resource personnel and sample program guidelines used by various head trauma rehabilitation centers are also included. Interested persons may contact the American Occupational Therapy Association, 1383 Piccard Drive, Suite 300, Rockville, MD 20850, (301) 948-9626.

In addition, professionals seeking relevant research reports on the rehabilitation of head trauma patients will find the information provided by the National Rehabilitation Information Center (NARIC) useful. NARIC is funded by the National Institute of Handicapped Research, and operates a computerized bibliographic data base, which contains citations of documents resulting from research sponsored by the Institute and the Rehabilitation Services Administration (RSA).

A recent search of NARIC's data base and vertical files yielded approximately 40 citations on research which has already been completed or is presently underway. These projects cover a wide variety of topics such as cognitive diagnostic testing techniques, perceptual difficulties, speech and language rehabilitation, and vocational rehabilitation. Documents cited in NARIC bibliographies are available from the Center for a nominal cost-recovery fee. Contact the National Rehabilitation Information Center, 4407 Eighth Street, N.E., The Catholic University of America, Washington, DC 20017, (202) 635-5822 (Voice); (202) 635-5884 (TDD).

While the national networking effort is fairly recent, an important segment of available information for rehabilitation professionals and lay persons has been collected, organized, and published by local head injury rehabilitation centers. The following are presented only as examples, as this article is not intended to serve as an exhaustive list of materials available from local sources.

The Reading Rehabilitation Hospital's Head Trauma Team, R.D. 1, Box 250, Reading, PA 19607, (215) 777-7615, ext. 343, is presently developing a comprehensive manual for families on how they may assist in the recovery of brain-injured family members. The team is also preparing a similar manual designed to assist physicians involved in the rehabilitation process.

developing a highly motivated family relationship helps the patient. The patient-staff-family relationship is crucial in reaching the goals of the treatment plan.

High emphasis is placed on cognitive retraining, which involves techniques supported by developmental and learning theories which hypothesize that nondamaged areas of the central nervous system can be re-educated to perform intellectual functions formerly performed by damaged areas.

The Spalding Rehabilitation Center's March 1981 newsletter, *Outreach*, is devoted to providing an understanding of brain injury. It contains articles covering such topics as causes, communication problems, resulting physical disabilities, personality changes, and technological developments that will continue to improve the positive outcome of brain injury rehabilitation efforts. Single copies of this newsletter are available at no charge from the Spalding Center, 1919 Ogden Street, Denver, CO 80218, (303) 861-0504.

An excellent overview of head injury geared to lay persons has been prepared by the Comprehensive Central Nervous System Injury Foundation of San Diego County, P.O. Box 9494, San Diego, CA 92109. This 30 page booklet, priced at \$.60, provides a simple but concise description of the problems faced in the rehabilitation of head injured persons including types of brain injury, recovery phases, resulting mental problems, the rehabilitation process, and recovery expectations. Glossaries and illustrations provide information on the make-up of the central nervous system and on the equipment necessary to sustain a brain injured patient in an intensive care unit.

The booklet, *Rehabilitation of the Head-Injured Adult: Family Guide*, prepared by staff at the Rancho Los Amigos Rehabilitation Hospital, is another useful publication for lay persons. This center, which offers acute and long-term comprehensive rehabilitative services for head-injured patients, has also developed cognitive and physical management manuals for rehabilitation professionals. In addition, the center has developed a series of video cassettes and a slide/tape series for use in the training of professional staff. These audiovisual materials cover such topics as the levels of cognitive functioning in the brain injured person and evaluation of the patient's physical therapy needs, and include materials useful in sensitizing trainees to the needs of this population. For further information, contact: Professional Staff Association, Rancho Los Amigos Hospital, 13412 Colorado Street, Culver City, CA 90230, (213) 551-1000.

Persons seeking locally available direct assistance for the rehabilitation of a head injured person will have to exercise a certain amount of ingenuity in getting help. As comprehensive treatment directories are completed and made available, this task will become easier. Listings supplied by the National Head Injury Foundation will certainly be helpful. Persons are also encouraged to seek out sources of information such as state departments of vocational rehabilitation and special education, local chapters of the National Easter Seal Society, local university programs for occupational and physical therapy, and community hospitals. In addition, it is important to keep in mind that many rehabilitation centers for the head injured will accept patients on a regional or even national basis.

Although the rehabilitation of a person with brain injury is usually an extremely expensive undertaking, many clients have received financial assistance through such sources as vocational rehabilitation funds provided through the state where the client resides, major medical and other private health insurance policies, medicare, medicaid, no-fault automobile insurance, and workers' compensation.

Until recently, individuals with head injuries were considered quite hopeless. Treatment consisted primarily of neurosurgical supervision followed by convalescence. More and more, however, professionals with a conviction that treatment for brain injured patients can be improved are developing aggressive programs designed to meet the complex needs of each patient.

Various types of programs are slowly taking shape, ranging from day treatment programs, which offer support services to the head injured patient upon release from an intense rehabilitation program, to long-term

However, there is still more to be done. The proper perspective on the present state of services to the head injured was highlighted by Dr. Martin L. Spivack, president of the National Head Injury Foundation, in a recent message: "The expertise and facilities to deliver care to the head-injured victim during the early weeks to months of coma exist in many medical centers. When the patient has recovered sufficiently he/she is usually moved to a rehabilitation hospital for an indeterminate period of time, usually ranging from six months to three years. Many of these hospitals have established separate head injury units in recognition of the fact that very special therapeutic approaches are required. Even in these units, however, there are rarely personnel trained to treat the cognitive and behavioral deficits which are the limiting factors in the rehabilitation of the head injured patient.

"After this period of early rehabilitation, few facilities exist which are aimed at returning the head injured individual to productive life. Transitional or permanent residential facilities with strong programs in vocational rehabilitation are limited to a few experimental programs. It is sad to realize that tens of thousands of head injured young people end up being placed in workshops for the retarded while living closet lives at home, or are placed in geriatric or neuropsychiatric chronic care facilities."

Although we obviously need more and better information and services for lay and professional persons, the future looks optimistic. Continuous neurological and rehabilitative research and increasing visibility at the local and national levels will contribute to an increase in the numbers and types of services available to head injured persons, their families, and the professionals who serve them.

Employment for the Mentally Restored Help Is Getting Underway

The healing power of work—nobody needs it more than the mentally restored. But there are estimates that the number of unemployed persons with histories of psychiatric treatment may be as high as 70-85% of an estimated 2 million population. While the psychopharmacological treatment of severe mental illnesses has made great progress, the psychosocial rehabilitation of persons handicapped by mental illness lags far behind. Chronic mental patients have been deinstitutionalized in great numbers during the last decades, but many ex-patients simply exchanged the "back wards" of hospitals for the "back streets" of communities.

About two years ago, the National Institute of Mental Health (NIMH) of the Department of Health and Human Services launched a formal effort to combat the problems of the stigma of mental illness. Because of the importance of work opportunities to people recovering from mental illness, NIMH decided to concentrate its efforts in the employment area. NIMH staff expected they would be able to base their initial efforts on existing information and data about employers, the mentally restored, and the type of work at which the mentally restored were successful. But little of that kind of information existed beyond anecdotal evidence.

Building on previous positive experiences with employment of handicapped individuals by the National Restaurant Association (NRA), the staff of NRA and NIMH came to the conclusion that it would be good to fill in some information gaps through a survey of employment experiences and practices of NRA membership. With technical assistance from NIMH, NRA developed and distributed a questionnaire to 8,000 of its key members requesting information on the following: present or past employment of physically handicapped persons, mentally retarded persons, and mentally restored persons; which agencies were used for recruitment of such employees; and the willingness of employers who had never hired handicapped persons.

A total of 1,426 Association members returned the questionnaire. Results showed that 48% had employed mentally retarded workers, 46% physically handicapped workers, and 29% mentally restored workers. State vocational rehabilitation agencies were the most frequently used source for recruitment, but local men-

The highest numbers of mentally restored workers are employed in sanitation and food preparation and service, 5% are in managerial/administrative positions, and 6% in bookkeeping/clerical jobs. Mentally restored workers received good marks in the areas of motivation to work, quality of work, punctuality, attendance and job tenure. Fifty-seven percent of coworkers were reported as accepting and helpful while 1% were reported as rejecting mentally restored employees.

There are many more fascinating details in this survey, but one answer deserves to be highlighted. Asked for reasons why employers had never given a job to a mentally restored person, 88% replied that "no such person has approached them." That answer says a lot about the lack of job-seeking skills of the mentally restored and the failure of job placement facilitators to approach a potential market.¹

To create a positive climate among potential employers, dispel myths about the characteristics of mentally restored workers, and answer frequently asked questions, NIMH developed and published a package of three pamphlets: *The Mentally Restored and Work: A Successful Partnership*, telling the story of four lives; *Eight Questions Employers Ask About the Mentally Restored*, focusing on perceived problem areas such as turnover, insurance costs, and tax rates; and *Affirmative Action to Employ Mentally Restored People* (developed in conjunction with the President's Committee on Employment of the Handicapped) explaining Sections 501, 503, and 504 of the Rehabilitation Act of 1973 and Section 402 of the Vietnam Era Veterans Readjustment Act. This package is available free and can be used by rehabilitation counselors working with industries, advocates for better job opportunities, mental health agencies, and employment offices, to name a few.¹

In addition to the thrust to create heightened awareness among potential employers, NIMH also provides support for psychosocial rehabilitation clubs and transitional employment programs modeled after the very effective work of Fountain House in New York.²

These programs—there are now well over a hundred across the nation—provide mentally restored persons with transitional employment which is usually part-time and assures continuing support to both the mentally re-

Administration have given the profit-making, free enterprise system—private corporations, trade associations, labor unions, private rehabilitation agencies—a major role in shaping this program. The bottom line for these projects is how many people were placed, how much did it cost, what do the employed earn, and what is their retention rate. For 1980 Fountain House shows placements of 1,995 individuals at an average cost of \$954 per person, who earned an average of \$3,807 for half-time employment and had a retention rate of 60%.

Another Project with Industry focusing on the mentally restored was undertaken by the Menninger Foundation, Center for Applied Behavioral Sciences.⁴ During 1980 the Center placed 300 people at a cost of \$900 per person; the earnings averaged out to \$9,300 and the retention rate was 80%.

Government agencies have often been accused of departmentalizing people who need services in order to suit their own activities thereby missing the goal of restoring people to full functioning in our society. Recognition that the traditional psychosocial services provided by mental health agencies have to be wedded to the job oriented services of rehabilitation for successful restoration of mental patients led to a collaborative agreement between the National Institute of Mental Health and the Rehabilitation Services Administration which was signed in 1978.

The effectiveness of this agreement and problem issues were scrutinized at a conference entitled "Improving Interagency Collaboration between Mental Health and Vocational Rehabilitation Services" which took place in Arlington, Virginia in May 1981. The conference focused on identifying the following key barriers to the collaboration: personnel attitudes, relevant knowledge and required skills, procedural barriers, and policy barriers. After diagnosing the ills, participants developed specific action goals and steps on "who will do what by when" to bring barriers down.

The conference report⁵ was disseminated within NIMH and RSA. Some suggested action steps have been occurring. The two Centers for Rehabilitation Research and Training in Mental Health which were created as recently as 1980 and which are jointly funded by the National Institute for Handicapped Research and the National Institute of Mental Health are playing a special role in building bridges between mental health and vocational rehabilitation services and in training personnel with competencies and skills in both fields.

will become available shortly.

The other Center for Rehabilitation Research and Training in Mental Health, operated by the School of Medicine of the University of California, Los Angeles in conjunction with the Veterans Administration Medical Center, Brentwood,⁶ sees as its objectives the construction of assessment techniques that provide rehabilitation personnel with information about the chronic mental patient's potential for social, community and vocational rehabilitation, the development and operation of a comprehensive community-based rehabilitation program for chronic mental patients, the training of both mental health and rehabilitation personnel in service delivery and research methodology, and the dissemination of information on research findings and training methods.

Materials used in an interdisciplinary seminar, "The Chronic Mental Patient Is Now Treatable and Rehabilitatable," have been packaged and are available from the Center, as is a catalog of reprints of articles for professionals.⁶

These efforts are hopeful beginnings, the first mile of a long journey. NIMH staff is ready and willing to work with employers. They would also like to hear from self-help groups of mentally restored people and from organizations or facilities interested in exploring psychosocial rehabilitation clubs and transitional employment programs.¹ Contacts for all programs described are listed below.

¹ Ed Long, Associate Director, Division of Scientific and Public Information, Room 15 C 21, National Institute of Mental Health, 5600 Fishers Lane, Rockville, MD 20857, (301) 443-4278.

Package: Hiring the Mentally Restored Makes Dollars and Sense, two videotapes: 1) 36 minute roundtable discussion to stimulate employment of the mentally restored; 2) 30 minute, "Making It Back, A Doorway to the Community for the Mentally Restored." No charge. Copy of the survey report, "Employment in Foodservice."

² Thomas Malamud, Van Ameringen Center for Education and Research, Fountain House, 425 West 47th Street, New York NY 10018, (212) 582-0340.

Additional information on Fountain House programs.

³ Thomas Fleming, Director, Projects with Industry, Rehabilitation Services Administration, Switzer Building, Room 3106, Department of Education, Washington, DC 20202.

⁴ The Menninger Foundation, Center for Applied Behavioral Sciences, Box 829, Topeka, KS 66601, (913) 233-2051.

⁵ William Anthony, Center for Rehabilitation Research and

The following excerpts are from an article by David Braddock, Research Associate Professor, Institute for the Study of Developmental Disabilities, University of Illinois, first published in Hospital and Community Psychiatry, v. 32, #9, September 1981.

The striking contrast between trends in the deinstitutionalization of the mentally ill and the mentally retarded has been overlooked in the literature on deinstitutionalization. The deinstitutionalization of retarded people began later and is occurring more gradually. The term "deinstitutionalization" in fact, has less pejorative connotations in mental retardation circles than it has in the mental illness field. For retarded people, deinstitutionalization has less often meant the sheer relocation of people or the simple depopulation of custodial institutions.

POPULATION TRENDS

Today there are almost the same number of residents of state institutions for the mentally ill as there were in 1900—about 149,000 in 1980.^{1,3} However, there are now ten times more residents in our 236 state institutions for the mentally retarded than in 1900, or about 139,000.⁴ (This figure does not take into account the presence of mentally retarded residents in institutions for the mentally ill, estimated at 15,524 in 1977.)²

Deinstitutionalization in institutions for the retarded is a strong and continuing trend. However, the institutional census of retarded people did not begin to fall until 1967, which was 12 years after the massive relocation of the mentally ill began. The census of retarded people is also diminishing much more gradually. By 1978 it had dropped by 28 percent, to 139,432⁴, the smallest population of institutions for the retarded in 30 years; still the 11-year slope from the 1967 zenith is less than half the decline of the mentally ill population between 1955 and 1975.

The fact that more than 200,000 institutionalized mentally ill had been discharged before the reduction in population of retardation institutions even began suggests that retarded people relocated to community settings may have to cope with stereotyped views of the mentally ill.⁵ There was an extremely rapid reduction in the census of mentally ill residents of public institutions between 1955 and 1975—from 559,000 to less than 200,000. However, readmissions of patients previously discharged from institutions for the mentally ill have exceeded first admissions every year since 1960

were readmissions. The figures on admissions of the mentally ill reflect a short-term-stay trend that, according to Bassuk and Gerson, "most surely reflect(s) the lack of a fully effective community-based support system."³

GROWTH OF COMMUNITY RESIDENCES

The deinstitutionalization of mentally retarded people has been defined as a threefold process: preventing institutional admissions by developing alternative community-based services; returning institutional residents to community settings after they have been prepared for community life; and maintaining for residents who remain institutionalized an environment that protects civil rights and is geared toward residents' expeditious return to the community. This definition was developed by the National Association of Superintendents of Public Residential Facilities for the Mentally Retarded⁷ and was included in the guidelines to the states for mandatory development of deinstitutionalization planning under the Developmental Disabilities Amendments of 1975.⁸

As reflected in this definition, additional community facilities opened as the census of institutions for the mentally retarded dropped. According to the 1977 survey by Bruininks and others, about 85 percent of the existing 4,290 community residential facilities had been developed since 1967.⁹

The total census of these community residential facilities was 62,397 in 1977, but only 35 percent of the residents had come from state institutions. The majority, 65 percent, had come in equal share from natural homes in the community or from other community residential facilities or foster homes. Earlier studies published in 1973 and 1974 reported that 52 percent of residents of community residential facilities had come from state institutions.^{10,11}

This change in the mix of residents in community facilities—that is, proportions of those who had come from institutions and those who had come from other sources—can be partly understood in light of the process by which patients were selected for transfer to the community. In the period 1967 to 1974, many of the least disabled residents of state institutions were relocated to community residential facilities. Since then

forma, Washington, and Florida for a six-month period in 1974 and 1975.¹² The costs of institutional and community services for 4,284 clients were determined. It was concluded that if clients in both community and institutional settings were provided comprehensive services, "The costs of services to developmentally disabled persons in state hospitals would not differ significantly from the adjusted, true costs of services in community settings."

The researchers noted, however, that actual utilization of services in community settings, as opposed to services "theoretically needed," is much less intense than utilization of services in the comprehensive institution. Another finding stood out: the largest annual cost savings, \$2,300 to \$3,400 per client, resulted when the client was supported in his natural home.

A second cost study looked at costs associated with the relocation of 24 institutionalized persons in Massachusetts during 1972 and 1973.¹³ Again the largest annual savings, \$5,000 per client, occurred when the client returned to his natural family. Overall, residence in the community was associated with very small savings in cost per capita—\$400 per year. However, an important shift was identified in who paid for postinstitutional community services. State costs diminished by one-third, while federal responsibilities grew correspondingly larger in Medicaid, Supplemental Security Income, food stamps, and housing assistance. Local government costs also advanced measurably.

In a third study, completed in 1976, the fiscal attractiveness of community care to state government was also observed.¹⁴ Fifty-two residents were relocated to community settings from Virginia institutions, and it was projected that an average of \$20,800 per client would be saved, mostly by state government, over a ten-year period. The only stratum in which costs of community care exceeded benefits involved totally unemployable clients receiving intensive medical care. Even then the benefit-cost ratio was only a barely negative .99 to 1. For the rest of the sample, favorable benefit-cost ratios for community placement ranged between 1.52 to 1 and 11.86 to 1.

In a 1979 study, the budgets of a New York State public residential facility, a community-based residence and workshop, a special education cooperative, and a hospital-based residence for children were examined.¹⁵ Again, the natural family setting was the least expensive service option—only \$2,108 annually. Foster care was also a low-cost option, \$2,120 annually. The cost

of the handicapped has been substantial. The combined federal budget of 11 key programs advanced from less than \$1 billion in 1967 to more than \$6 billion in 1981.¹⁶⁻¹⁸ For developmental disabilities and other social concerns, however, the most important fiscal development of the late 1970s was the developing public interest in limiting federal expenditures.

Between August 1975 and March 1978, the legislatures of 19 states called for a budget limitation amendment to the federal Constitution.¹⁹ Three separate national polls in 1978 reported more than 75 percent of the electorate favoring federal budget restraint.²⁰ California enacted Proposition 13, and several other states also enacted measures rolling back state and local tax collections. Then in 1980 the electorate chose Ronald Reagan as its president, at least partly because of his vow to balance the federal budget, a promise his opponent had failed to keep.

Twenty-nine days after taking the oath of office, President Reagan proposed fiscal year 1982 budgetary reductions amounting to almost \$50 billion in scores of federal programs. Sizable cuts were also proposed in the already approved fiscal year 1981 budget of his predecessor. The "Program for Economic Recovery" will significantly reduce federal funds for developmentally disabled and other handicapped people.²¹⁻²³

Because of federal cuts the state budget process will involve a more harsh politics of choice between institutional and community service priorities and among other social objectives. States now spend about five dollars in the institution for every dollar spent in the community, amounting to \$2.72 billion versus \$.52 billion on a national basis.²⁴

A reasonable fiscal goal in every state by 1985-1988 is funding parity between the institutional and the community services sectors. The present five-to-one ratio mocks our commitment to free retarded people from the bondage of segregative custodial institutions and from the destructive isolation of inadequately supported community placements. Community programs that work will be expensive. There is no bargain in justice for retarded people.

¹ M. Witkin, Division of Biometry and Epidemiology, National Institute of Mental Health, unpublished preliminary estimate for 1978, telephone communication, July 14, 1980.

² M. Witkin, Division of Biometry and Epidemiology, National Institute of Mental Health, unpublished preliminary estimate

tion of the Mentally Retarded: A Perspective from the Experience of the Mentally III" in *Deinstitutionalization and Community Adjustment of Mentally Retarded People*, R. Bruininks et al., editors. American Association on Mental Deficiency, Washington, DC, 1981, pp. 51-67.

⁶ R. Scheerenberger, *Public Residential Services for the Mentally Retarded*, Center for the Developmentally Disabled, Madison, WI, 1979, pp. 10-22.

⁷ President's Committee on Mental Retardation, *Residential Programming*, Washington, DC, 1974.

⁸ D. Braddock, *Opening Closed Doors: The Deinstitutionalization of Disabled Individuals*, Council for Exceptional Children, Reston, VA, 1977.

⁹ R. H. Bruininks, F. A. Hauber, and M. J. Kudla, "National Survey of Community Residential Facilities: A Profile of Facilities and Residents in 1977," *American Journal of Mental Deficiency*, Vol. 84, March 1980, pp. 470-478.

¹⁰ G. O'Connor and E. Sitkel, *The Study of a New Frontier in Community Services*, Working Paper No. 72, University of Oregon Mental Retardation Research and Training Center, Eugene, OR, 1973.

¹¹ B. Baker, G. Seltzer, and M. Seltzer, *As Close As Possible*, Behavioral Education Projects and Harvard University, Cambridge, MA, 1974.

¹² T. Mayeda and F. Wai, *The Cost of Long-Term Developmental Disability Care*, Department of Health, Education, and Welfare, Washington, DC, 1976, p. 4.

¹³ P. Jones and K. Jones, *The Measurement of Community Placement Services and Its Associated Costs*, Florence Heller School, Brandeis University, Waltham, MA, 1976.

¹⁴ J. G. Murphy and W. E. Dattel, "A Cost-Benefit Analysis of Community Versus Institutional Living," *Hospital and Community Psychiatry*, Vol. 27, March 1976, pp. 165-170.

¹⁵ J. C. Intagliata, B. S. Wilder, and F. B. Cooley, "Cost Comparison of Institutional and Community-Based Alternatives for Mentally Retarded Persons," *Mental Retardation*, Vol. 17, June 1979, pp. 154-156.

¹⁶ D. Braddock, "Mental Retardation Funds: An Analysis of Federal Policy" in *Mental Retardation and Developmental Disabilities, An Annual Review*, Vol. 6, J. Wortis, editor, Brunner/Mazel, New York City, 1974, pp. 106-146.

¹⁷ *The Budget of the United States: Fiscal Year 1981*, Appendix, Government Printing Office, Washington, DC, 1980.

¹⁸ National Association of State Mental Retardation Program Directors, Supplemental Security Income and Title XX social services, estimated federal expenditures for fiscal years 1978 and 1979, in *Residential Services of Mentally Retarded Citizens in the 1980s: An Association White Paper* (discussion draft), Arlington, VA, 1981, pp. 55-56.

¹⁹ Council of State Governments, "Public Wants a Balanced Budget," in *State Government News*, Lexington, KY, April

er," in *HHS News* (press release), Washington, DC, March 10, 1981.

²³ Department of Education, *Revised Fiscal Year 1982 Budget*, Washington, DC, March 10, 1981.

²⁴ C. Wleck and R. Bruininks, *The Cost of Public and Community Residential Care for Mentally Retarded People in the United States*, Developmental Disabilities Project on Residential Services and Community Adjustment, Department of Psychoeducational Studies, University of Minnesota, Minneapolis, 1980.

Reprints of the original article are available from: David Braddock, Ph.D., Research Associate Professor, Institute for the Study of Developmental Disabilities, 1640 W. Roosevelt Road, Chicago, IL 60521. Please enclose a self-addressed stamped envelope with your request.

New HUD Special Advisor For the Disabled

The coordination of programs and services for disabled people in the Department of Housing and Urban Development (HUD) has recently been moved from the Office of Independent Living for the Disabled (OILD), which was abolished, to the Office of the Deputy Under Secretary for Intergovernmental Relations. Mr. John L. Putman, named Special Advisor to the Deputy Under Secretary in August 1981, is responsible for carrying out OILD functions. He works to ensure that disabled people are appropriately represented and their needs addressed throughout all HUD programs and activities, and develops policies which respond to the housing, community development, and related needs of people with physical or mental disabilities.

Mr. Putman has also worked on the department's 504 regulations, which are currently being reviewed by the Department of Justice. (Section 504 prohibits discrimination against disabled people in all programs receiving federal funds; each federal department is responsible for issuing regulations which enforce Section 504 where recipients of its funds are concerned.) Putman has come up with an innovative approach for conducting training on the regulations: the use of satellite TV to broadcast five hours of instruction for HUD Regional and Area Offices and HUD contractors. These offices will be able to videotape the series for future use in training programs. He estimates that the satellite TV

T. H. Bell, Secretary of Education, Senator Robert Dole, Congressmen Austin Murphy and Arlen Ehrdahl, and White House Representative Virginia Knauer are some of the dignitaries who saluted the contributions of disabled persons to education during the Education Department's celebration of the International Year of Disabled Persons.

The weeklong festivities highlighted contributions of disabled educators and scientists, and of disabled persons to the arts and the mass media. Panel presentations focused on "Disabled Educators: Who Are They?"; "Contributions of Disabled Scientists to Education"; "Disabled Teachers and Champions in Physical Education, Athletics and Recreation"; "Contributions of Disabled Persons to the Arts"; "Disabled Persons in Mass Media"; and "Disabled Persons in Education Associations." Audiences met disabled persons who had overcome the many barriers and hurdles to achievement in their chosen fields, heard encouraging tales of what can be done, but also became very much aware that society has still a long way to go.

Vincent Reed, Assistant Secretary for Elementary and Secondary Education, set the stage when he called for more willingness on the part of officials throughout the education field to hire qualified disabled educators. But he also stressed that disabled persons have to become more aggressive in their attempts to break down attitudinal barriers which all too often stand in the way of employment.

Disabled educators are teachers first but they are also important role models for handicapped students. Time and again disabled panelists stressed the importance of support from family and teachers on their long and hard road to achieve their goals.



Terri Seltz, a teacher in an elementary school in the Baltimore, Maryland, school system, with members of her class. The photo was chosen for a poster entitled "Disabled Educators—Positive Partners in the Learning Process," which was distributed during the celebration.

HUD Advisor

(Continued from page 8)

Mr. Putman and his staff respond to inquiries on uses of HUD programs by and for disabled people. An Information kit is available that contains a variety of publications including *Changing Environments for People with Disabilities*, which describes various HUD loan, loan insurance, rental assistance, and grant programs, some of which are geared to individuals and some of which are for developers. For additional information, contact:

Mentally Restored

(Continue from page 5)

⁶ Caroline Semk, VA Medical Center, Brentwood, 530 Flash 117, 11301 Wilshire Boulevard, Los Angeles, CA 90073. (213)

Part B

The Department of Education will publish proposed revised regulations for P.L. 94-142 in 1982. In preparation, the Special Education Programs office has gathered input from various national organizations, state and local education agencies, and individuals interested in the education of handicapped children.

In September, the Special Education Programs office published a briefing paper which outlines 16 "targets of opportunity" for deregulation. For each target the statutory and regulatory provisions are analyzed to determine whether portions of the regulations are not mandated by the statutory provisions. Then follows an explanation of why these provisions were selected as opportunities for deregulation, with summaries of public comments received so far, complaints and litigations, difficulties in compliance if identified, and paperwork demands. Finally, possible options for resolutions of these concerns for deregulations are outlined.

The 16 targets of opportunity for deregulation are:

- Definitions: Part I, Special Education and Handicapped Children
Part II, Related Services
Part III, Specific Learning Disabilities
- State Plans
- Local Education Agency Applications
- State Advisory Panels
- Allocation of Funds; Reports
- Free Appropriate Public Education
- Extended School Year Program
- Suspension and Expulsion of Handicapped Children
- Out-of-State Placement of Handicapped Children
- Individualized Education Programs
- Services Provided to Children Placed in Private Schools by Their Parents
- Comprehensive System of Personnel Development
- Due Process Procedures
- Nondiscrimination in Evaluation Procedures
- Least Restrictive Environment
- Confidentiality of Information

The briefing paper also discusses further opportunities for deregulation which deal with the Incentive Grants to States to serve preschool handicapped children.

The 74 page Briefing Paper is available from Shirley Jones, U.S. Department of Education, Special Education Programs, 400 Maryland Avenue, S.W., 4030 Donohoe Building, Washington, DC 20202. Comments are in

al computers, microcomputers which can be used for business, educational, communication, and recreational purposes. Applications for disabled people have been especially useful in enabling speech and motor impaired persons to communicate more effectively, to develop motor abilities, and to improve social skills. Children can become familiar with the computer by learning games, and then can move on to programs which teach verbal skills.

Some of these applications have been described in Apple Computer's "Personal Computers for the Physically Handicapped," a resource guide which gives profiles of groundbreaking uses of personal computers by disabled persons. For example, one system allows people who cannot use a keyboard to form words and sentences by choosing characters displayed on a screen in matrix form. There are several methods of inputting the correct choice, including use of a light pen which is mounted on a head or mouth stick. When the user touches a character on the screen with the light pen, the computer adds that character to the word or phrase being formed and displayed at the top of the screen. Or, the user can manipulate a switch to stop a moving pointer when the pointer reaches the correct letter. The switch can be operated by pressing on a lever or button or through breath control.

The resource guide also describes applications for visually and hearing impaired persons, and includes a listing of publications and catalogs of programs.

As pointed out in the guide, a problem in most microcomputer systems is the limitation of the computer to one program at a time. The user cannot change programs without removing the diskette on which one program is stored and replacing it with another diskette. This presents difficulties for some physically impaired people. Research on developing a system which would allow easy immediate access to many programs is currently in progress.

"Personal Computers for the Physically Handicapped" is available free of charge from Apple Computer Inc., 10260 Bandley Drive, Cupertino, CA 95014, (408) 996-1010.

In a related effort, the Apple Computer Clearinghouse for the Handicapped, operated by the Prentke Romich Company, is collecting information on available software for applications of interest to handicapped persons. Inquirers are referred to resource persons in specific interest areas. The company offers the service of

Mainstream, Inc., a nonprofit organization which serves as a bridge between those who must comply with government regulations, those who enforce them, and those who are protected by them, operates a hotline service for corporations, educators, service providers and any person in need of information on legislation concerning disabled individuals. An integral part of Mainstream's mission is the dissemination of information on Section 504 of the Rehabilitation Act, which requires agencies and organizations receiving federal assistance to provide program access to disabled persons.

As a result of a recently completed two year contract with the U.S. Department of Health and Human Services, Mainstream intensified its involvement in the health care field, with a view to assisting health care professionals in developing their awareness of disabled people and their unique needs and abilities. This effort, Project HEALTH (Hospitals, Equal Access, the Law and the Handicapped), has focused on providing the best possible care and equal opportunities to handicapped individuals, rather than strictly emphasizing mandatory compliance with Section 504.

Working with Prince Georges General Hospital in Chevy Chase, Maryland, one of metropolitan Washington, D.C.'s largest community hospitals, Project HEALTH initiated a review of the hospital's policies and procedures affecting disabled people. A large number of hospital staff and disabled representatives were involved in a self-evaluation, which resulted in 51 recommendations for changes in policies, procedures, or areas of the physical plant. Approximately two-thirds of these have been completed, including some of the physical plant changes.

As a result of its work at Prince Georges General Hospital, Mainstream has developed a comprehensive guide to self-evaluation and problem solving related to Section 504, *The Section 504 Hospital Training Manual*, which may be purchased for \$15.50. The guide covers five main areas: physical accessibility, health care delivery, employment, education, and administration.

Back issues of the newsletter, *Project HEALTH*, which Mainstream hopes to resume publishing in the future, are available without charge. The newsletter contains articles on disability, health, and Section 504.

In addition, Mainstream offers training to hospital associations and to hospitals which want to improve their services to and employment opportunities for handi-

Half of the nation's homes are not protected by smoke detectors. Surveys indicate that most of those not protected are the ones most vulnerable to fire: homes of the disabled and elderly, the poor, and minorities. The sad truth is that the majority of fire victims come from these groups.

On October 4, 1981, the official start of National Fire Prevention Week, the Federal Emergency Management Agency (FEMA) launched a year-long campaign to promote the use of smoke detectors. FEMA, the federal government's single point of contact for emergency management activities, is responsible for preparation for and recovery from both natural and man-made emergencies and disasters. FEMA programs serve state and local emergency managers to meet challenges ranging from volcanic eruptions and hurricanes to chemical contamination and preparing for nuclear attack.

FEMA's research shows that smoke detectors are the single device with the greatest potential for reducing fire losses. Each year in the United States fire kills 7,800 people, injures 230,000 people, and burns up five billion dollars in property. It is the most frequent local emergency. Contrary to opinion, more deaths are caused by smoke inhalation than by fire burns.

Through its Smoke Detector Awareness Campaign, FEMA hopes to overcome public apathy to fire. Working through fire services throughout the country, federal, state and local governments, corporations, businesses, and trade associations, the campaign is promoting the purchase, installation, and maintenance of smoke detectors, combined with fire drills in the home.

FEMA makes available resource packages containing materials for organizations to use or adapt to increase public awareness of the importance of smoke detectors. Groups unable to reproduce the contents of this kit may order up to 1,000 brochures and flyers from FEMA, free of charge. Individuals may also request copies of pamphlets, including *Wake Up! Smoke Detectors Can Save Your Life*. Additional information is available from FEMA, Office of Public Affairs, 500 C Street, S.W., Washington, DC 20472, (202) 287-0318.

The Health Care Financing Administration (HCFA), Department of Health and Human Services, has filed a rule amending current Medicaid regulations to permit States to offer, under a Secretarial waiver, a wide array of home and community-based services that an individual may need in order to avoid institutionalization.

These regulations, which were published in the *Federal Register* on October 1, 1981, implement Section 2176 of Public Law 97-35, the Omnibus Budget Reconciliation Act of 1981. They allow Federal payment for these non-institutional services, subject to HCFA's approval of the States' requests for waivers and to certain assurances made by the States. Once granted, waivers are in effect for three years and are renewable.

The home and community-based services must be furnished under individual written plans of care, and may only be furnished to persons who would otherwise require the level of care provided in a skilled nursing facility (SNF) or intermediate care facility (ICF) for which the cost could be reimbursed under the State plan.

The new regulations provide that home or community-based services for which a waiver may be granted may consist of the following (other than room and board): 1) Case management services; 2) Homemaker services; 3) Home health aide services; 4) Personal care services; 5) Adult day health services; 6) Habilitation services; 7) Respite care services; 8) Other services requested by the State and approved by the Secretary of HHS. "Other services" may include, but are not limited to, nursing care, medical equipment and supplies, physical and occupational therapy, speech pathology, and audiology. States are required to define the above services in their waiver request. However, a discussion of the services is included in the rules in order to provide states with suggestions on how they might develop a waiver proposal.

Although Congress excluded payment for room and board under the new waiver authority, HCFA indicated that coverage for meals may be allowed when furnished as part of adult day health services or as part of respite care outside the recipient's private residence. The Title XX approach has been adopted, which now allows provision of individual meals as part of adult day health services.

Although the regulations were published in final form, effective October 1, 1981, comments may be sent before December 30, 1981, to: Carolyn K. Davis, Ph.D., Ad-

The National Institute of Handicapped Research, with the coordinated efforts of the National Council on the Handicapped, the Administration on Developmental Disabilities, Rehabilitation Services Administration, and Special Education Programs, is conducting a series of participatory planning activities in the coming months to involve consumers, service providers, advocacy groups, representatives from all levels of government, research organizations, and other concerned citizens in the identification of research needs for America's handicapped population.

Written commentary is requested from organizations and individuals who work closely with the handicapped community in the areas of medical rehabilitation, rehabilitation engineering and technology, sensory impairment, vocational rehabilitation, policy and administration of services, psychosocial research, utilization and dissemination of new knowledge, and childhood education research. Specific recommendations for research proposed for federal sponsorship are sought for the following:

1. New areas of significant research, development, and demonstrations which are required to improve the quality of life for handicapped individuals.
2. Ongoing research activities of particular merit which should be continued or intensified by the Federal Government.
3. Urgent problems which show promise of resolution through research.
4. Service delivery issues of major concern including technological research required to advance service delivery, improvements to facilities, and training of personnel.
5. Improvements in employment prospects; alleviating problems of daily living.
6. The development assessment distribution of technological devices.
7. Improvements in disseminating and utilizing research results; methods to interpret to the general public the implications of research results which are relevant to the functioning of handicapped persons.
8. Population data which would be valuable to individuals and organizations in planning for effective services.
9. Public policy and service-related research to supplement the knowledge base for policy decisions affecting the handicapped population and for improved service delivery.
10. Special populations: minorities or other groups of consumers underserved by rehabilitation programs

Study of Volunteer Contributions

A study completed in 1980 by Applied Management Sciences of Silver Spring, MD, estimates the annual net volunteer contributions to the National Library Service for the Blind and Physically Handicapped (NLS) free reading program at minimally \$3 million. It concludes, however, that such services could be enhanced greatly through stronger administrative leadership and planned program activities.

The study considered volunteer utilization by NLS as well as the 160 network libraries and other network agencies throughout the country that cooperate to deliver special library services to some 300,000 blind and physically handicapped individuals. Data were collected through mail surveys, telephone interviews, and on-site visits to representative network agencies. These methods produced information about individual agencies and now provide the basis for comparative analyses and for future data collection.

According to the study, 72.6 percent of all network agencies use volunteer services for some or all of the six categories of tasks identified: production of recorded and braille reading materials, repair of disc and cassette playback machines, circulation and maintenance of books and equipment, other reader services, outreach activities, and administration of program services.

In 1979, for example, 10,937 volunteers participated in this network program. The largest number of volunteers, 4,486, were involved in the production of materials, the area of most significant volunteer contribution. A total of 338,338 annual hours was estimated for the production tasks at a gross dollar value of \$1,871,592. The study reports similar statistics and findings for each of the remaining five categories of tasks.

Altogether, the study calculates the cost in 1979 of administering about 750,000 hours of volunteer services in all categories of tasks—with an estimated gross value of \$3,940,121—was about \$1 million.

The recommendations resulting from the study confirmed the network need and desire for an increased role of an NLS volunteer coordinator and support staff to provide expertise and technical assistance in all

For further information about this project or the NLS free library program, contact: Office of the Director, National Library Service for the Blind and Physically Handicapped, Library of Congress, Washington, DC 20542.

Educational Equity For the Disabled

The Non-Sexist Child Development Project of the Women's Action Alliance, Inc., in cooperation with New York University's Office of Community Services, has completed the first year of groundbreaking research and development for Project R.E.E.D. (Resources on Educational Equity for the Disabled). The two year project was funded under a grant from the Women's Educational Equity Act Program, U.S. Department of Education. The major goal of Project R.E.E.D. is to incorporate images of children and adults with learning disabilities into the early childhood classroom, to make those images non-sexist as well as multicultural, and to integrate them with images of able-bodied people.

The Project has developed prototype classroom materials including puzzles, puppets, and block accessories and has pilot-tested them in classrooms in the New York Metropolitan area. The materials will be nationally field tested during the second year of the Project, beginning September 1981. Also during the second year a training guide, designed to help teachers and parents combat stereotyping on the basis of sex, race, and disabling condition, will be field tested.

In June 1982, the first national conference on issues of educational equity for disabled women and girls will create a national focus on the past, present, and future of educating disabled women and girls for full, independent participation in society.

The Women's Action Alliance is a national center on women's issues and programs, providing information services and sponsoring the Women's Centers Project and the Non-Sexist Child Development (NSCD) Project. The NSCD Project has pioneered in the development of non-sexist, multiracial and multicultural early childhood classroom materials and curricula, and has be-

Kenya Planned

Forty racers competed in the Moss Rehabilitation Hospital's Wheelchair Races in Philadelphia on Sunday, October 25th. The races were part of the United Way RunFest 81, which also included a 37.2 mile ultramarathon and an able-bodied 6.2 mile run. The Wheelchair Races celebrated the International Year of Disabled Persons. Close to \$2,000 in sponsorship prizes was awarded.

There was a 6.2 mile run for competitors in three wheelchair classes, plus a ¼ mile "Quad Run" for severely disabled entrants. Trophies were awarded to the top five men and women in each wheelchair class. In addition, the first place male and female winners in each wheelchair class won \$250 sponsorship awards. The prizes, which were approved by the National Wheelchair Athletic Association, will be used to help the athletes defray expenses when they compete in other regional or national wheelchair sports events.

The best time was achieved by Joseph Dowling, 41, of Old Greenwich, CT, who covered the 6.2 mile course in 36 minutes, 8 seconds. Carol Pfeilger, 34, of Boyertown, PA, was the fastest woman, at 1 hour, 4 minutes, and 10 seconds. The ¼ mile Quad Run was won by John Martin, 36, of Norristown, PA, at three minutes, 10 seconds, and by Ramonda Pitts of Philadelphia at seven minutes.

The Moss Wheelchair Races were supported in part by John Wanamaker Stores, Prudential Insurance Company, General Electric Company, Philadelphia Centre Hotel, Tastykake Company, Johnson Rehabilitation, Division of Johnson Rentals and Sun Company.

The Moss Rehabilitation Hospital, 12th Street and Tabor Road, Philadelphia, PA 19141, is one of the nation's leading centers for restorative medicine, research and follow-up services for physically disabled people.

The 8th World Congress of the International League of Societies for Persons with Mental Handicap (ILSMH) will be held in Nairobi, Kenya, November 21-27, 1982. The theme for the conference is "Partnership," including partnership between people with mental handicap and nonhandicapped people, between parents and professionals, between citizens of developing countries and of industrialized countries, and between national voluntary organizations and the ILSMH.

This Congress will be organized by the Kenya Society for the Mentally Handicapped, a member of the ILSMH since 1972, and will take place in the Kenyatta Conference Centre. For the first time, a world congress of the ILSMH will fully involve people with mental handicap, who will take part in discussion sessions, in working groups, in a panel discussion organized at one of the plenary sessions or, if they wish, in a parallel program organized for them. Also for the first time, a world congress will be held in Africa, giving people from African countries the opportunity to exchange views with people from all other continents and to discuss with them ways and means of establishing services and of implementing the rights of persons with mental handicaps.

Simultaneous translation will be provided in English, French, German, and Spanish (and in one or two other languages) during plenary sessions and in two or three languages at all discussion sessions. A preliminary program with registration form and information on block-booked hotels, at special Congress price, will be available by the end of 1981. Contact: The Kenya Society for the Mentally Handicapped, P.O. Box 42365, Nairobi, Kenya, or: ILSMH, 13, rue Forestiere, B - 1050 Brussels, Belgium.

The National Easter Seal Society is teaming up with major youth-serving agencies to make it easier for young people with disabilities to participate in their programs. Easter Seal developed a brochure, *Welcome Aboard*, with tips for leaders of youth agencies to make disabled youngsters feel welcome in the group and to observe a few simple accessibility rules. Single copies of *Welcome Aboard* (publication A-297), may be obtained by sending a self-addressed, stamped business-sized envelope to the National Easter Seal Society, 2023 West Ogden Ave., Chicago, IL 60612.

Works of Art Sought

The Sister Kenny Institute's 19th Annual International Art Show by Disabled Artists will be held the week of April 22, 1982, in Minneapolis. In the past the Sister Kenny Art Show was limited to persons with physical disabilities. This year individuals with physical or mental impairments are eligible to enter sculpture, photography, or works done in watercolors, oils, acrylics, pen and ink, charcoal, or pastels. The deadline for entry is February 1, 1982. Disabled artists are invited to request entry forms and further information from: Mary Ellefson, Community Relations and Advocacy Department, 800 East 28th Street at Chicago Avenue, Minneapolis, MN 55407.

Handicapped Farm Operators Workshop

Purdue University's Department of Agricultural Engineering will hold a workshop in "Lifting Barriers for Handicapped Farm Operators," on January 24-27, 1982 at the Hyatt Regency Hotel in Indianapolis, Indiana. The workshop will bring together handicapped farm operators for specialized instruction and exchange of ideas and sharing of experiences. The most recent information on successful modification of farm equipment for use by physically handicapped farmers will be presented. Safety and health implications for physically handicapped farmers will be addressed and rehabilitation specialists will have an opportunity to expand their capabilities in assisting handicapped farmers. The

Applications for approximately thirty minigrant awards from the Bill Geer Minigrant Award Fund of the Foundation for Exceptional Children will be accepted until February 1, 1982. Minigrant awards of up to \$500 each will be made for innovative education-related projects which benefit handicapped or gifted children and youth. The proposed projects should take place during the summer of 1982 or the 1982/83 school year. In addition, several Parent Workshop Minigrants of up to \$500 each will be made for projects which foster greater understanding between parents and their handicapped children. To receive application materials, send a self-addressed stamped envelope to: Foundation for Exceptional Children, 1920 Association Drive, Reston, VA 22091. A summary of successful minigrant projects serving handicapped and gifted students, *Classroom Projects That Work*, is also available from the above address. The price is \$3.50.

504 Training

Barrier Free Environments, Inc. of Raleigh, NC, will hold a series of ten three-day training and technical assistance workshops for disabled people in the Southern United States. The objective of the training is to develop a pool of disabled people with skills as negotiators and organizers who in turn will educate and support others in their rights, responsibilities and remedies under Section 504. Applications for the workshop which entails no costs to the participants are invited from disabled persons, parents of disabled children, and especially from ethnic minorities. Write to: 504 Training Logistics and Participant Selection Coordinator, P.O. Box 31463, Raleigh, NC 27622, or call toll free: (800) 334-9276.

National Journalism Contest

High school juniors and seniors and especially handicapped high school students are invited to participate in the Journalism contest, "Disabled People at Work," sponsored by the President's Committee on Employment of the Handicapped. Five national winners will be chosen from the entries submitted by the Governor's Committee on Employment of the Handicapped of each

Professional Organization on Siblings of Handicapped Children

The Sibling Information Network, an organization for professionals interested in siblings of handicapped children and their problems, has recently formed, with the objective of providing support and assistance to those working in this area. The network will also attempt to provide a common information base, serving as a clearinghouse for research and other professional activities related to siblings of handicapped children.

The network's newsletter, available free to members, reports on activities of members, literature for siblings of handicapped children, and other topics of interest. The organization plans to publish articles, reports, reviews, and program descriptions in future issues.

Those interested in joining the network may contact: T. Hennessy Powell, Department of Special Education, P.O. Box 328, George Peabody College for Teachers of Vanderbilt University, Nashville, TN 37203. Applicants are asked to provide information on their major areas of interest and their research and professional activities in the area of siblings of handicapped children. Membership is \$5.00 per year.

Employment Cassette Available

A 3-cassette series entitled "The Assertive Job Seeker" has been produced by consumer advocate Lilly Bruck and sponsored by the President's Committee on Employment of the Handicapped. Each one-half hour session, conducted by a nationally known expert in the field of employment of the handicapped, covers a specific topic of concern to the disabled job seeker. "Technology in the Workplace," "Employer Attitudes," and "The Civil Rights of Disabled Employees" are among the subjects covered. Available at \$9 from: Dr. Lilly Bruck, Intouch Networks, Inc., 322 West 48th Street, New York, NY 10036, (212) 586-5588.

An Internship At Vinland

The Vinland National Center, which was developed in Minnesota to improve the lifestyles of disabled persons through health-sports, is now recruiting college students who are in need of an internship or field experience as part of their courses of study in health-related, recreation, physical education or human service fields. Ten interns are needed each quarter. Room and board are available as part of the internship program. For more information and applications, contact: Vinland National Center, 3675 Induhapi Road, P.O. Box 308, Loretto, MN 55357, (612) 479-3555 (Voice or TDD).

Planning

(Continued from page 12)

11. Other recommendations or comments which you wish to make on research needs of the handicapped population.

To assist cooperating agencies in analyzing the results of submitted commentary, please provide the following information along with recommendations for research:

1. The name, address, and telephone number of the responding organization.
2. The approximate size of the organization's general membership.
3. The size of the handicapped population served by the organization (include source of estimate).
4. Needs and problem areas of handicapped persons served by the organization.
5. Services and activities provided by the organization.

Written commentary will be received through February 22, 1982, by: Susan Thompson, National Institute of Handicapped Research, Department of Education, 3511 Switzer Building, 330 C Street, S.W., Washington, DC 20202. Individuals who submit written comments will receive notices of future participatory planning activities.

DISABILITY HANDBOOK

A Handbook of Severe Disability: A Text for Rehabilitation Counselors, Other Vocational Practitioners, and Allied Health Professionals, has been edited by Walter C. Stolor, M.D., and Michael R. Clowers, Ph.D., of the University of Washington Rehabilitation Research and Training Center, and published with partial support from the Rehabilitation Services Administration, U.S. Department of Education. Twenty-seven chapters of this book deal with those specific diseases known to cause severe disability. Five chapters cover psychosocial adjustment, sexual adjustment, consequences of bed rest, reconstructive surgery, and the normal function of the six body systems which, when deranged by disease, result in severe disability. The reader is encouraged to become familiar with the normal function of these systems to enhance his understanding of the diseases themselves.

Each of the disease-oriented chapters begin with a disease description, including its natural history of evolution, its primary characteristics, and its potential complications. The description is followed by a section on functional disabilities, physical and psychosocial, associated with the disease, indicating how the disease limits the person's performance in activities of daily living. Any disability in communication or transportation skills are discussed, as well as any interference with social functioning. Rehabilitation potential is described next, incorporating factors related to the disease itself and the usual expected results of treatment.

The next section of each chapter deals with standards of evaluation, which describes the physicians and allied health professionals who should be consulted to obtain a full characterization of the disease and identification of the breadth of disability problems. The chapters then deal with the total treatment of the condition. With the information in this section and with his knowledge of his client, the counselor should be able to determine whether his client has had the benefit of all available treatment.

The final section in each chapter deals with specific vocational implications of the condition that a rehabilitation counselor should keep in mind when planning employment goals with his client. This section may deal with factors of education, attitudes, interests, the en-

LEARNING DISABILITIES

Learning Disabilities: Systematizing Teaching and Service Delivery, written by David A. Sabatino, Ted L. Miller, and Carl R. Schmidt, attempts to cover the whole field of planning and delivering services to LD individuals. It provides an overview for the practitioner in learning disabilities, and discusses formal and informal assessment of LD children and youth, curriculum planning and the individualized education plan (IEP) process, where to find materials for LD students, remedial teaching techniques, and age and development related issues beginning with preschool learning disabilities and ending with postsecondary aspects. The final chapter is devoted to the adolescent social-personal development both in theory and practice. This 540-page, hard-cover book is available from: Aspen Systems Corporation, P.O. Box 6018, Gaithersburg, MD 20877, on a thirty day approval basis. Price, \$27.50.

RESPIRE CARE

For This Respite, Much Thanks... Concepts, Guidelines and Issues in the Development of Community Respite Care Services describes how respite care services and specialized training can help families to care for their disabled members at home. This 144-page manual is the outcome of a two year project conducted jointly by the United Cerebral Palsy Association and the Special Education Development Center of the City University of New York and funded by a federal National Significance Developmental Disabilities Grant.

It includes descriptions of a variety of respite care programs now successfully operating in rural and urban settings throughout the country, and explores issues and questions that require special consideration in planning a program of this kind. Samples of forms, guidelines for parents and respite workers, programs of parent education and other materials used by established respite care programs are included. Order from: Professional Services Program Dept., UCPA, 66 East 34th Street, New York, NY 10016, (212) 481-6300. Price, \$3.

A Citizen's Guide to Changes in Human Service Programs, edited by Jule M. Sugarman, has captured recent legislative changes affecting many human service programs. Complex processes which lead to the Omnibus Reconciliation Act and its implications for the human service field are explained in readable language. The final verdict on appropriations is not in, and the list of human service programs in the Guide points to changes, and by writing to the author people can obtain information on appropriation figures by sending \$2. The *Citizen's Guide* is available free from: Jule M. Sugarman, Human Services Information Center, 1408 N. Fillmore Street, Suite 7, Arlington, VA 22201.

DISABLED WRITERS

The pilot issue of *Disabled Writer's Quarterly* has just been published. This new literary magazine publishes prose, fiction, poetry, plays and book reviews, in addition to articles on the portrayal of handicapped individuals in literature. Disabled writers are invited to send manuscripts for publication. The cost of subscriptions is \$14 per year (\$15 outside Canada or the U.S.) or \$3.50 per single copy (Canadian funds). In the U.S., send inquiries or manuscripts to: Mrs. Gloria Maxson, 13602 Cullen Street, Whittier, CA 90605. Inquiries or manuscripts from other than the U.S. should be sent to: *Disabled Writer's Quarterly*, 2495 Major Street, St. Laurent, Montreal, Quebec, Canada H4M 1E5.

"Still a Woman, Still a Man," is a new slide-tape presentation on the sexual and relationship concerns of people with disabilities. This presentation covers such issues as body image, inclusion of adaptive equipment, impact of disability on one's partner, sexual options, parenting, and social stigma. A wide range of disability situations are reviewed through interviews with disabled persons. This 15 minute production can be an aid for both consumers and service providers. Projection and sound equipment are needed for use of this product. Order from: Elliot Bay Associates, 2366 Eastlake Avenue E., Suite 234, Seattle, WA 98112. Telephone: (206) 322-0143. Price, \$200.

DEAFNESS

The Gallaudet College Press 1981 *Catalogue of Publications* is currently available. The catalogue lists books, curricula, audiovisual materials, and leaflets that address a wide range of audiences including parents, teachers, administrators, and deaf children and adults. Examples of the titles listed include, for parents: *A Hug Just Isn't Enough*; for teachers: *Mainstreaming the Prelingually Deaf Child*, *Visual Vocabulary Skills*, and *Curriculum Guide Bank*; for other professionals: *Deaf Patients: Special Needs, Special Responses*; and for deaf persons: *A Deaf Adult Speaks Out* and *Guide for TTY-Telephone Communication*. This 27 page catalogue includes an index and order forms. Available from: Gallaudet College Press, Attention: Distribution Office, 7th and Florida Avenue, N.E., Washington, DC 20002.

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Office of Information & Resources for the HandicappedU.S. Department of Education
Washington, DC 20202

EDITOR (Name and Complete Mailing Address)

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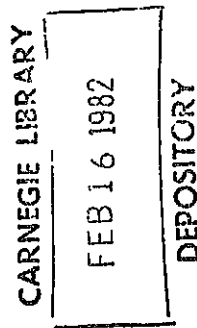
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